

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/382,433	08/25/99	602	3733	I19.12-0010

APPLICANT

JOHN G. STARK, EXCELSIOR, MN; DUANE P. OYEN, MAPLE GROVE, MN; THOMAS BYBEE, RAMSEY, MN; ARTHUR M. LOHMANN, MINNETONKA, MN; JOEL L. BOYD, EDEN PRAIRIE, MN.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/098,779 09/01/98

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____	Initials _____				

ADDRESS

WESTMAN CHAMPLIN & KELLY PA  
900 SECOOND AVENUE SOUTH SUITE 1600  
MINNEAPOLIS MN 55402-3319

TITLE

ORTHOSES FOR JOINT REHABILITATION

FILING FEE RECEIVED \$1,516	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/098,779 09/01/98

YES *dp*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

NONE *dp*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

NONE *dp*

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